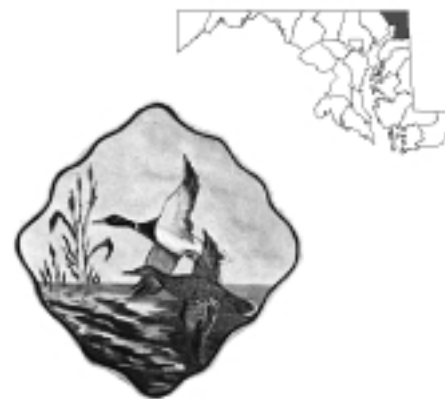


CECIL COUNTY

Selection of Focus Area

The Cecil County Community Health Advisory Committee, formed in 1995 with members from agencies, businesses, and the community, chose heart disease and cancer as health priorities because they were the two leading medical causes of death in Cecil County. With additional community members, task forces for both health problems were formed to develop and implement health plans to decrease these problems. In 2000, the Cecil County Community Health Advisory Committee again chose cancer and heart disease as priorities, because, although mortality rates had diminished, they continued to be the two leading medical causes of death and also the two leading causes of Years of Potential Life Lost (YPLL). The Cancer Task Force noted that lung cancer and breast cancer were major contributors to the cancer mortality rate, and chose to concentrate on these two cancers. Decreasing these diseases with lifestyle changes is a long-term process. Prevention and early intervention can be successful. The Cecil County Community Health Advisory Committee hopes to make a difference in the County.



DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998

Total	82,520
White	93.3%
Other	6.7%

Estimated Population, by Age – 1998

Under 1	1,080	18-44	32,770
1-4	4,560	45-64	17,930
5-17	17,460	65+	8,720

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 522.8

Infant Mortality Rate 1995-1999 8.0

Estimated Mean Household Income – 1999 \$60,200

Estimated Median Household Income – 1999 \$51,600

Civilian Unemployment Rate, Annual Average – 1999 4.6

Labor force (Top 4) – 1995

Services	6,600	Government (Federal, Military)	4,800
Retail Trade	5,600	Manufacturing; State & Local (tied)	2,800

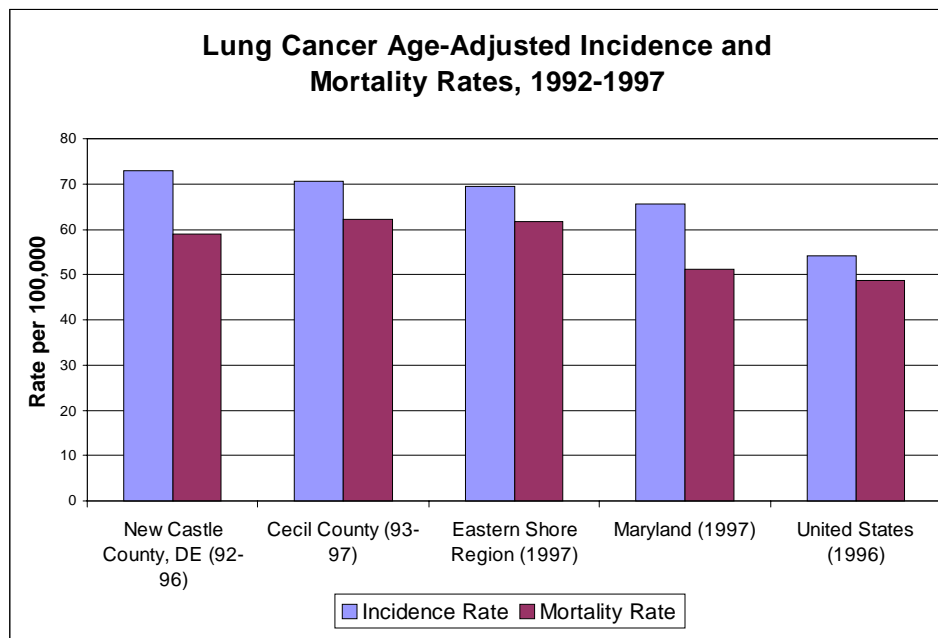
Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Focus Area 1 - Lung Cancer

Problem

Lung cancer is the leading cause of cancer death and the second most common type of cancer in Cecil County in both men and women. Between 1993 and 1997, 272 deaths and 285 new cases were reported, an average of four deaths and five new cases every month. Lung cancer represented only 18.6% of all new cancer cases but 34.8% of all cancer deaths.

Cecil County incidence and mortality rates (70.6 per 100,000 and 62.2 per 100,000) are higher than the Maryland rates (65.5 and 51.3) and the United States rates (54.2 and 48.8). Cecil County rates however, are not significantly different from neighboring New Castle County, Delaware, rates (73.0 and 58.9) and the Eastern Shore rates (69.5 and 61.8).



Sources: Maryland Cancer Registry; Delaware Health and Social Services, Cancer Data

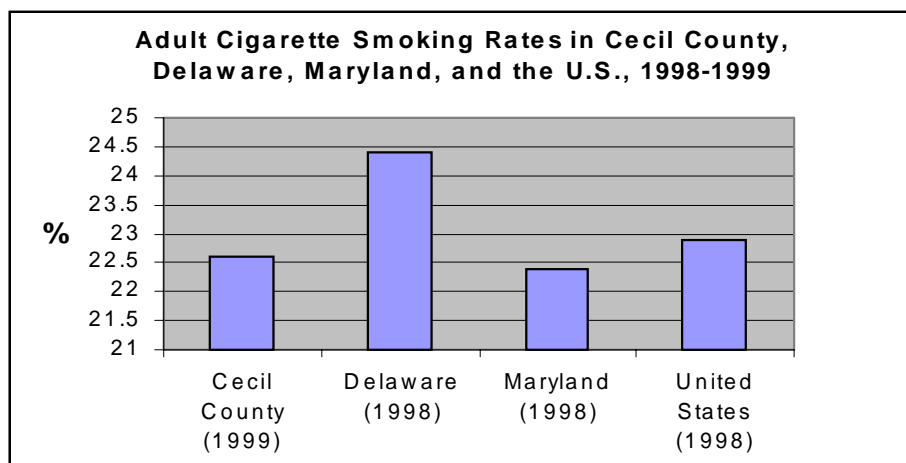
Determinants

According to the Centers for Disease Control and Prevention (CDC), tobacco use is the single most preventable cause of death and disease in our society. CDC research indicates that 68-78% of lung cancer deaths among females and 88-91% of lung cancer deaths among males are related to smoking tobacco [MMWR 42 (33), 645-649, 1993].

The Cecil County Community Health Survey (1999) revealed that 22.6% of Cecil County adult residents were current smokers (about 18,000 residents age 18 and over). This rate is similar to the 1998 Maryland and United States rates of 22.4% and 22.9% respectively. There was no statistically significant difference in prevalence between males (22.5%) and females (22.8%), but nonwhites (27.0%) were more likely to smoke than whites (22.5%). The highest rates were among young adults aged 18 to 24 (37.7%). The lowest rates of smoking were among residents 65 years of age and over (10.6%), those with four or more years of college education (11.7%) and those with higher income. Residents with a household income of \$75,000 or more had a smoking rate of 17.5%.

The focus of local efforts is to improve the health of Cecil County residents by reducing the

incidence and mortality of lung cancer. The primary measure will be to reduce the prevalence of smoking among adults and to prevent teens from starting to smoke. The task force will work with community members to design and implement prevention programs specific to high-risk groups.



Sources: Behavioral Risk Factor Surveillance System (1998); Cecil County

Objective 1 - By the year 2010, decrease the number of current smokers to 18%. (Baseline: 22.6%; Cecil County Community Health Survey, 1999)

Objective 2 - By the year 2010, increase the number of current adult smokers who have tried to quit smoking to 25%. (Baseline: 16.4%; Cecil County Community Health Survey, 1999)

Objective 3 - By the year 2010, decrease the smoking rates of nonwhites to 24%. (Baseline: 27%; Cecil County Community Health Survey, 1999)

Action Steps

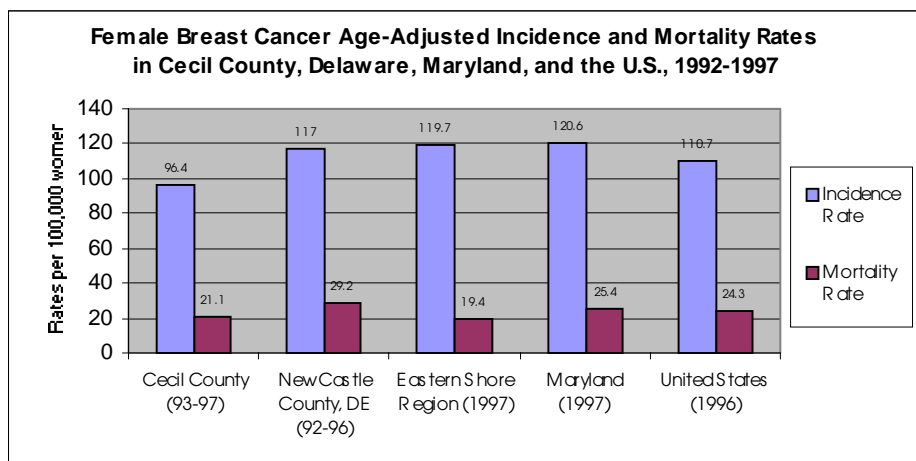
- ⇒ Provide accessible tobacco cessation services employing new treatment modalities.
- ⇒ Increase awareness of the risk factors of tobacco use and the stages of change to maintaining a smoke-free lifestyle.
- ⇒ Expand educational strategies to reach tobacco users in various community settings.
- ⇒ Initiate a tobacco cessation media campaign in the county.
- ⇒ Promote local businesses to provide incentives for their employees to be educated about tobacco use prevention and tobacco cessation services.
- ⇒ Partner with the African-American religious community to provide activities to address nonwhite smoking rates.

Focus Area 2 - Female Breast Cancer

Problem

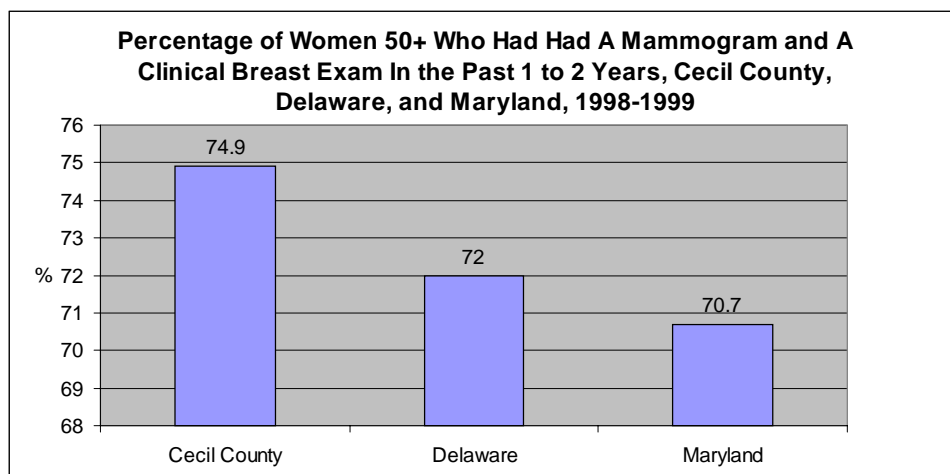
Among Cecil County women, breast cancer is the second leading cause of cancer death and the most frequently diagnosed type of cancer. For the five year period 1993-1997, 50 women died of breast cancer and 209 new cases were diagnosed. This is an average of 42 new cases and 10 deaths every year. The overall mortality rate is 21.1 per 100,000 women.

Breast cancer is more common among white women than nonwhite women; however, non-white women have a slightly higher mortality rate (24.5 per 100,000 versus 21.0). For 65% of white women, cancer is diagnosed at an early stage with the disease confined to the breast, and for 3.5% the cancer has spread to distant tissues or organs. Only 30.4% of nonwhite women had the cancer diagnosed at an early stage and 28% were diagnosed at a late stage. The earlier the stage of the cancer at the time of diagnosis, the better the chances of survival.



Sources: Maryland Cancer Registry; Delaware Health and Social Services, Cancer Data

The Cecil County mortality rate of 21.1 per 100,000 women was lower than the rates for Maryland (25.4) and the United States (24.3). The incidence rate also was lower for Cecil County (96.4) than for Maryland (120.6) and the United States (110.7). Cecil County has lower incidence but similar mortality rates to the Eastern Shore region (119.7 and 19.4). Neighboring New Castle County, Delaware, has higher incidence and mortality rates (117 and 29.2) than Cecil County.



Sources: Behavioral Risk Factor Surveillance System (1998); Cecil County Community Health Survey (1999), Cecil County Health Department

Determinants

Regular clinical breast exams combined with a mammogram help to detect most cases of breast cancer at an early stage and increase the chances of survival. The 1999 Cecil County Community Health Survey revealed that 74.9% of women 50 and over in Cecil County had had a mammogram and clinical breast exam compared to 70.7% in Maryland (BRFSS, 1998).

New guidelines suggest that women have a baseline mammogram as early as 35 years of age and a yearly mammogram from age 40. This same survey also indicated that 85.6% of women age 40 and older had ever had a mammogram (87.5% for whites and 60.7% nonwhites) but only 55% had the exam in the past year. The rates increased with education and income.

Objective 1 - By the year 2010, 70% of women 40 and older will have an annual mammogram. (Baseline: 54.9% of women 40 years and older had had a mammogram in the past year; Cecil County Community Health Survey, 1999)

Objective 2 - By the year 2010, 70% of women 40 years and older will have an annual clinical breast exam. (Baseline: 58% of women 40 years and older had a clinical breast exam in the past year; Cecil County Community Health Survey, 1999)

Objective 3 - By the year 2010, 90% of women 50 years and older will have a mammogram and a clinical breast exam in the past two years. (Baseline: 74.9%; Cecil County Community Health Survey, 1999)

Objective 4 - By the year 2010, decrease the breast cancer mortality rate for nonwhite women to 20.0 per 100,000. (Baseline: 24.5 per 100,000; CDC Mortality Data, 1993-1997)

Action Steps

- ⇒ Provide updated educational materials for the public school curricula in family life and personal health education about breast cancer risk factors and the importance of early detection of breast cancer.
- ⇒ Increase public awareness of breast cancer screening services and locations in the county for women 40 years and older.
- ⇒ Increase awareness about breast cancer risk factors and the importance of early detection of breast cancer by holding two community activities each year.
- ⇒ Assess and address causes of delayed diagnosis in minority women.
- ⇒ Assess barriers to health care services and address identified barriers.
- ⇒ Support awareness of available transportation services in the county.

Focus Area 3 - Heart Disease and Stroke

Problem

Heart disease, the leading cause of death in Cecil County accounted for 32% of all deaths between 1993 and 1997. Coronary heart disease, with modifiable risk factors such as high blood pressure, obesity, physical inactivity, and cigarette smoking, represents 83% of heart disease deaths.

There has been a 9.5% decrease in the mortality rate of coronary heart disease in Cecil County since the beginning of this decade, when the rate was 137.3 deaths per 100,000 population (1989-1993). The current mortality rate is 124.3 (1993-1997), which is still higher than the 1997 Maryland and United States rates (100.1 and 104.7 respectively). Heart disease is the second leading cause of years of potential life lost (YPLL) in Cecil County, after cancer and accidents. The younger the person at the time of death, the more years of potential life lost

The mortality rate of Cerebrovascular disease (stroke) in Cecil County decreased 10.3% from the rate of 25.3 per 100,000 in 1989-1993 to the current rate of 22.7 (1993-1997). This rate is favorable compared to the 1997 Maryland and United States rates (25.2 and 25.9, respectively).

Determinants

The relatively higher mortality rate of heart disease correlates with higher rates of certain risk factors as determined by the CDC's Behavioral Risk Factor Surveillance System (BRFSS) and the Cecil County Community Health Survey.

- High blood pressure is one of the major and modifiable risk factors for heart disease. Of Cecil County adult residents, 28.6% reported having high blood pressure compared to 23.8% for Maryland and 23.0% for the nation. Males have higher rates than females.
- High blood cholesterol also is more prevalent in Cecil County (31.9%) than Maryland (28.6%) and the United States (28.8%). Actions to lower high blood cholesterol levels and high blood pressure are very effective in decreasing someone's risk for heart disease.
- Of Cecil County adults, 23.3% are obese (as determined by a body mass index of 30 or above). This is above the rates for Maryland (19.8%) and the nation (17.9%).
- Only 24% of adult residents have regular, sustained physical activity (physical activity lasting 20 minutes or more, at least 3 times per week). This rate is identical to the Maryland rate of 25% and favorable to the United States rate of 20.4%.
- In Cecil County, 25.6% of the adult population under 65 are current smokers compared to 23.8% in Maryland. For the population 65 and older, Cecil County has a lower smoking rate than Maryland (10.6% and 14.1%, respectively).
- The prevalence rate of diabetes, another significant risk factor for coronary heart disease, is higher for Cecil County (6.9%) than Maryland (5.4%) or the United States (5.4%).

Objective 1 - Reduce coronary heart disease mortality rate to no more than 100.0 per 100,000 population by the year 2010. (Baseline: 124.3 per 100,000; CDC Mortality Data, 1993-1997)

Objective 2 - Reduce stroke mortality rate to no more than 15.0 per 100,000 population by the year 2010. (Baseline: 22.7 per 100,000; CDC Mortality Data, 1993-1997)

Objective 3 - Increase the proportion of adults who engage in regular and sustained physical activity to at least 40% by the year 2005. (Baseline: 24%; Cecil County Community Health Survey, 1999)

Objective 4 - Increase to 99% the proportion of adults who have their blood pressure checked within the preceding two years. (Baseline: 96.8%; Cecil County Community Health Survey, 1999)

Objective 5 - Increase to 99% the proportion of adults who have their blood cholesterol checked within the preceding five years. (Baseline: 95.1%; Cecil County Community Health Survey, 1999)

Objective 6 - Increase the number of workplaces that offer or sponsor physical activity programs in the county. (Baseline: to be determined)

HYPERTENSION/ CHOLESTEROL/ DIABETES	CECIL COUNTY 1999 %	MARYLAND 1997 BRFSS %	U.S. 1997 BRFSS %	U.S. HEALTHY PEOPLE 2000 GOAL
Blood pressure checked within the past 5 years	98.3	98.2	97.2	75.0
Have high blood pressure	28.6	23.8	23.0	N/A
Cholesterol checked within the past 5 years	95.1	96.5	92.7	75.0
Have high blood cholesterol	31.9	28.6	28.8	N/A
Diabetes Prevalence	6.9	5.4	5.4	2.5

Sources: Cecil County data are from the Cecil County Community Health Survey, 1999; data for Maryland and the United States are from the Behavior Risk Factor Surveillance System (BRFSS), 1997 and 1998.

Action Steps

- ⇒ Assess current worksites, physical activity and wellness programs. Conduct a survey of agencies and businesses (with 50 or more employees) to determine what programs they have and what their needs might be.
- ⇒ Develop a plan to help businesses, organizations, and agencies implement or sponsor a physical activity program for their employees. Employers could also be encouraged to give their employees incentives to participate in a program.
- ⇒ Increase community awareness of heart disease and stroke risk factors. Conduct educational campaigns in schools, churches, worksites, and during community activities.
- ⇒ Encourage screening and treatment of high blood pressure, high blood cholesterol, and diabetes.
- ⇒ Conduct media campaigns to encourage eating five or more fruit and vegetable servings per day.
- ⇒ In collaboration with the cancer task force, develop and implement activities to decrease cigarette smoking rates.

The Cecil County Cancer Task Force, one of the seven task forces of the Cecil County Community Health Advisory Committee, developed this Health Improvement Plan and will implement these action steps. The Cecil County Health Department serves as the resource agency to the Task Force, which is composed of the partners listed below as well as other agencies, organizations, businesses, and private citizens in Cecil County.

Partners (for all three Cecil County modules)

American Cancer Society • Cecil Community College • Cecil County Board of Health • Cecil County Department of Aging • Cecil County Health Department • Cecil County physicians, churches, businesses, and private citizens • Cecil County Public Schools • Department of Social Services • HELP Center • Northern Chesapeake Hospice • Union Hospital of Cecil County

Cross-Reference Table for Cecil County

See Also

Cancer	30
Heart Disease and Stroke	60